Subject: Medication Administration, Storage and Disposal

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Local Policy: No
Local Procedures: Yes
Training Required: Yes
Applicable Practice Model Standard(s): Yes

Approved by: Viola P. Miller

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Application

To All Department of Children's Services Employees and Contract Provider Employees

Authority: TCA 37-5-106

Policy

Medications shall be administered to all children/youth in custody in a timely manner, according to the orders of the prescribing practitioner and in accordance with applicable state and federal laws. All facilities associated with the Department of Children's Services shall regulate the handling of medications in accordance with professional standards of care, good security practices, and appropriate state and federal laws. Facilities accredited by the *Joint Commission on Accreditation of Healthcare Organizations (*JCAHO) shall adhere to those guidelines, as well.

Procedures

A. Principles of medication administration

Medications shall be administered to all children/youth in custody with procedures that enforce and enhance the five principles of medication administration, also known as the "five rights". These simple, effective, best practice "rights" will promote safety and well being for all children/youth in care. For children/youth in foster homes, the family setting shall be maintained; however, the medication "rights" must be followed. Children/youth in foster care must receive care at a standard that affords their protection. The five medication "rights" are as follows:

1. **"Right Person" Principle**

   a) Verify the full name of the child/youth receiving the medication and compare it to the name on the prescription container. Foster parents/staff must not issue medication to anyone whom they cannot identify.

   b) Medication should be administered to one child/youth at a time.

   c) The child/youth will remain in full view while the medication is administered or consumed. The foster parent/staff administering medication may ask the child/youth to open his/her mouth, stick out his/her tongue, swallow again, and/or drink more water to ensure that oral medications have been properly ingested.

   d) A medication handbook or a copy of the medication profile containing side effects, precautions, and other important information related to the medication prescribed must be kept in a place readily accessible to those administering the medications.

   e) The person administering the medication has the responsibility to be familiar with the condition of the child/youth related to allergies, ability to swallow, etc.

2. **"Right Drug" Principle**

   a) Foster parents/staff must not administer nor prepare for distribution medications that cannot be properly identified.

   b) All medications will be dispensed from the original properly labeled container.

   c) The medication label will be reviewed prior to administration to verify the correct drug. The label on the medication container should be read three times: when the container is taken from the child/youth's supply, when the medication is removed from the container, and when the container is returned to the child/youth's supply.

   d) Any special considerations or directions must be reviewed prior to administration (e.g., take with food or take with a full glass of water).

e) Any medications in containers with illegible labels will not be used.

f) Medications that have been prepared and not given for any reason are to be discarded. Never return medications to their container.

3. **"Right Dose" Principle**

a) Review the medication label prior to administration to verify the dosage.

b) A single dose of each prescribed medication shall be administered at each specific time or interval. Multiple doses of medication(s) must not be given to children/youth except when approved by the licensed healthcare provider for self-administration (see *Section **G**. Self-Administration of Medications*).

c) Some medications have different dosages ordered for different times, and these must be followed accordingly.

d) Some medications are prescribed in certain strengths; in order to give the prescribed dosage, more than one tablet or a tablet must be split to equal the prescribed dosage.

4. **"Right Time" Principle**

a) Medications are to be given at the prescribed times or intervals and for the prescribed number of days or doses.

b) When a specific time or time interval is ordered, the medication will be administered no earlier than one hour before the stated time and no later than one hour after the stated time.

c) A missed dose cannot be "made up" at the next scheduled medication dose time without approval from the licensed healthcare provider.

5. **"Right Route" Principle**

a) Verify the prescriber's order and manufacturer's direction concerning route of administration prior to giving the medication.

b) Foster parents/staff must exercise particular care that topicals, drops, suppositories and injections are administered correctly.

B. Written procedures

1. Each facility must maintain in its operations manual written procedures for the administration, storage, and disposal of medications. The procedures must include the following:

   a) Times and locations of medication administration,

   b) Provisions for furnishing medications to children/youth in segregation, to those participating in work programs, and to others who cannot attend the regularly scheduled medication distribution,

   c) Administration/distribution procedures for over-the-counter (OTC) medications, and

   d) Other medication procedures unique to the setting

2. In foster homes, group homes, and level 3 residential treatment facilities these procedures shall be maintained onsite for review by the Department of Children's Services and other state reviewers.

3. In level 4 sub-acute and acute facilities, the procedures shall be approved by the facility medical director and maintained onsite for review by the Department of Children's Services and other state reviewers.

4. In youth development centers (YDCs), the superintendent and the health administrator shall approve procedures as well as maintain onsite for review by the Department of Children's Services and other state reviewers.

C. Administration/ prescription of medications

Medications must be administered in accordance with the provisions of the *Tennessee Nurse Practice Act, the Tennessee Pharmacy Practice Act*, and the applicable rules and regulations of the Tennessee Boards of Nursing and Pharmacy.

1. **Who May Administer Medications?**

   a) Trained non-licensed personnel may administer medications in foster homes, group homes, and

residential treatment facilities.

b) Non-licensed staff shall not administer medications in a level 4 setting or Youth Development Center. Properly trained and licensed health care personnel under the supervision of a registered nurse or physician (e.g., LPNs and PAs) must administer all medications.

2. **Training for Non-Licensed Personnel to Administer Medications**

a) Non-licensed staff shall receive comprehensive training on medication administration by a licensed nurse or other licensed healthcare provider to ensure safety in administration. Staff must achieve competency/certification prior to administering any medication.

b) Training shall include the "five rights" principles of medication administration and proper handling and storage of medications.

c) Documentation of training and competency/certification must be kept in agency personnel records and made available to DCS upon request.

3. **Alternate Administration**

Medications may be dissolved or crushed for appropriate administration in circumstances where there is difficulty swallowing, difficulty taking the medications, or where verification of alternate administration is needed. Alternate administration of medication should be used only with the advice of the healthcare provider (e.g., nurse, physician, or pharmacist) as crushing or dissolving some medications is contraindicated.

4. **Mandatory restriction of purpose**

Stimulants, tranquilizers, and psychotropic drugs must **not under any circumstances** be administered to a child/youth for the purposes of program control and management, coercion, retaliation or for purposes of experimentation or research.

5. **Prescription of Medications**

a) Prescription medications may only be administered on the order of a licensed health care provider.

b) In foster homes and group homes, over-the-counter medications will only be given in accordance with the manufacturer's label instruction or the advice of a licensed health care provider.

c) In level 3 treatment facilities, level 4 sub-acute facilities, acute facilities, and youth development centers, over-the-counter medications will only be given on the order of a licensed health care provider.

d) All medication orders in level 3 facilities, level 4 facilities, acute facilities and youth development centers must be written on a Physician Order Sheet or a Prescription form and signed by the licensed healthcare provider.

6. **Psychotropic Medications**

(See *DCS Policy 20.18 Psychotropic Medication*)

D. Disposition of medications

1. **Arrival at Placement with Medications**

a) **Foster Homes and Group Homes**

- The case manager should be aware of the medications the child/youth is taking and is responsible for ensuring the foster parent receives the medication.
- The case manager should examine the label on the prescription bottle, which should contain the child/youth's name, the name and strength of the medication, the date the prescription was filled, the name and address of the dispensing pharmacy or practitioner, directions for use, and the expiration date.
- The case manager should note the amount of medication dispensed and the amount of medication remaining to determine whether the medication is being taken as prescribed.
- Medications should not be administered if the dispensing date is not current, if the medication was not prescribed for the child/youth, if the amount of medication remaining indicates the child/youth has not been taking the medication as prescribed, if the

medication is expired, or if the medication shows evidence of tampering or deterioration (i.e. discoloration, rancid odor, etc.). In these instances, the case manager should contact the licensed healthcare provider for further instructions and/or an appointment.

- The case manager should document this medication information in TNKids.

- If the foster parent receives the medication from someone other than the case manager, he/she may administer the medication if the conditions in b, c, and d are met. If these conditions are not met or the foster parent has any questions/concerns, the case manager or prescribing practitioner should be contacted for further instructions.

b) **Youth Development Centers, Residential Treatment Facilities and Level 4 Facilities**

- Medications brought at intake should be approved by the facility medical/ nursing staff (or pharmacist for hospital facilities).

- The medication container must be appropriately labeled with the child/youth's name, name and strength of medication, name and address of the dispensing pharmacy or practitioner, dispensing date, and directions for use. The expiration date should be noted.

- The amount of medication dispensed and the amount remaining should be noted to determine if the medication is being taken as prescribed.

- Medications should not be administered if the dispensing date is not current, if the medication was not prescribed for the child/youth, if the amount of medication remaining indicates the child/youth has not been taking the medication as prescribed, if the medication is expired, or if the medication shows evidence of tampering or deterioration (i.e. discoloration, rancid odor, etc.). In these instances, the licensed healthcare provider or the facility's licensed healthcare provider should be contacted for further instructions and/or an appointment.

c) **All Settings**

If a child/youth comes into custody or has been on runaway/ AWOL status and has missed his/ her medication(s) for 72 hours or longer, the licensed healthcare provider (physician, psychiatrist, nurse practitioner, or physician's assistant) should be notified for instructions before restarting the medication(s).

2. **Departure from Placement with Medication**

All Settings

a) When a child/youth is discharged home or transferred from one placement to another, the child/youth's medication(s) should be packaged appropriately and sent with the child/youth.

b) A thirty (30) day supply of medication should be sent with the child/youth when possible. However, the quantity of medication should not exceed the quantity remaining for duration of treatment.

c) The medication(s) should be given to an adult (parent, legal guardian, case manager, DCS staff member, etc.) if the child/youth is a minor (under 18 years of age), unless the licensed healthcare provider has approved the child/youth to receive his/her medication(s).

d) If the youth is 18 years or older, the medication(s) may be given to him/ her at discharge.

e) Informed consent must accompany the child/youth if the child/youth is on psychotropic medication(s).

3. **Medications for work, passes, or time off-campus**

a) A child/youth should not be denied home passes, time off campus or the opportunity for outside employment on the basis of his/her taking psychotropic medications or controlled substances (e.g., Ritalin).

b) When a child/youth will not be present at medication administration due to work or a pass, the medication should be given before the child/youth leaves whenever possible or upon return to the facility.

c) If the medication must be given while the child/youth is at work, one dose of the medication may be given to

the child/youth at staff's discretion. The child/youth must be given specific written instructions on when to take the medication.

d) When the child/youth is on home pass, the medication may be given to the parent or guardian with specific written instructions on when to take the medication. The amount of medication sent should be only what is necessary for the length of the home pass.

e) Psychotropic medications may be sent at the discretion of medical staff.

f) Controlled medications should not be sent for work or passes unless special arrangements have been made. Children/youth taking controlled medications must not be involved in work situations in which side effects of the medication (e.g., sleepiness) could pose a safety issue (e.g., impaired performance with machinery, driving, etc.)

E. Documentation

1. **Medication Administration Records**

a) **Foster Homes (Level 1 and 2)**

- A Foster Home/ Group Home Prescription Medication Record should be kept for each child on prescription medications, including all psychotropics. This form shall include: child's name, medication name/ dosage/ frequency, date/ time/ reason of missed or refused doses, any side effects noted, any changes or improvements observed, next appointment date/ time, and number of refills remaining.

- The Foster Home/ Group Home Prescription Medication Record should be taken to appointments as a source of information for the licensed healthcare provider.

b) **Group Homes, Residential Treatment Centers, Level 4 Facilities and Youth Development Centers**

- An individual Medication Administration Record (MAR) shall be maintained on each child who receives medication. Form *CS-0074*, *Youth Development Center Medication Administration Record*, will be used in YDCs as a permanent record of medication administered or distributed to a

child/youth. Form *CS-0593, Community Residential Facility Medication Distribution Record,* shall be used in DCS Group Homes. Contract agency group homes, Residential Treatment Centers, and Level 4 Facilities will use their own medication administration records.

- Contents of the Medication Administration Record

  1) Child/youth's Name

  2) Current Month and Year

  3) Allergies

  4) For each medication order, the following information must be entered in the appropriate block:

     - Date of order
     - Name of drug (brand name and generic)
     - Dose of strength
     - Route of administration
     - Time interval or frequency of administration
     - Duration of order and/or automatic stop order
     - Licensed healthcare provider (physician, dentist, nurse practitioner, etc.)

  5) The hour(s) for medication administration must be entered in the column beside the medication order.

  6) The nurse (Level 4 and YDCs) or other appropriate personnel administering medication must initial the appropriate block, as each dose is subsequently administered/ distributed.

  7) All personnel initialing the form must sign his or her full signature and initials in the appropriate space at the bottom of the form.

c) Staff must initiate a new Medication Administration Record (MAR) on the first day of each month for every child/youth on medications. All MARs must be filed in the health record after the current month for which they are used.

d) The reverse side of form *CS-0074*, *Youth Development Center Medication Administration Record* may be used to record one-time medications and/or PRN medications.

e) Missed doses must be documented on the MAR including the reason for the missed dose.

f) In Level 4 Facilities and YDCs, if a child/youth fails to report to the designated place at the appropriate time to receive his/her medication, health staff must record this fact on the MAR by circling the block corresponding to the missed dose. At least weekly, the health administrator/ charge nurse and prescribing practitioner must review all missed doses of medications.

g) All medications must be compared with the individual MAR for the right person, right drug, right dose, right route, and right time at each administration.

h) Documentation for administration will be recorded at both locations if a child/youth receives medication at more than one location to ensure that there is no duplication of medication administration.

2. **Counting of Medications**

(See also *DCS Policy 20.59, Medication Error/Omission Management Guidelines*)

a) **Foster Homes (Level 1 and 2)**

- ♦ All prescription medications, including psychotropics, should be counted at least weekly to ensure that prescriptions might be refilled timely.
- ♦ These medication counts must be recorded on the *Foster Home/ Group Home Prescription Medication Record*.

b) **Group Homes and Residential Treatment Facilities**

- ♦ At a minimum, psychotropics, narcotics, and controlled drugs should be counted every day.

- A written log of this count must be kept with the medication.

c) **Level 4 Facilities and Youth Development Centers**

- At a minimum, psychotropics, narcotics, and controlled substances should be counted every shift.
- A written log of this count must be kept with the medication.

F. Refusal of medication

(See also *DCS Policy 20.24, Informed Consent*)

1. In accordance with *DCS Policy 20.24 Informed Consent*, 14 year old and older children/youth may refuse treatment or medication.

   a) If a child/youth refuses any form of medication, every effort must be made to determine the basis for the refusal.

   b) At least two attempts should be made within one hour before and one hour after the stated time of administration before documenting this as a refusal.

   c) If the refusal of medication persists, the licensed healthcare provider must be notified for further direction. The DCS case manager must also be notified.

2. **Level 4 Facilities and Youth Development Centers In addition to a) and b) above**:

   a) The individual administering the medication must document the refusal on the MAR by placing an "R" in the block corresponding to the date and time.

   b) In a youth development center, the child/youth repeatedly refusing medication must sign form CS-0093 *Release From Medical Responsibility*, and this form should be placed in the child/youth's health record for documentation.

   c) The nurse managing medication call must notify the licensed healthcare provider and the health administrator/ charge nurse of a child/youth continually refusing medication for further direction.

d) The DCS case manager and treatment team must be notified if the refusal persists.

G. Self-administration of medications

1. **Self-administration of medications may occur in three ways**:

   a) The foster parent/ staff administering medications may hand the child/youth a medication and observe the child/youth administer the medication to him/herself. This medication would remain in the control of the foster parent/ staff and be stored with other medications in that home/facility under the requirements listed in section H of this policy. An example would be an insulin injection that the child/youth self-administers or a nasal spray or inhaler that the child/youth self-administers in the presence of the foster parent/ staff responsible for medications.

   b) The child/youth may be allowed to keep certain medications on his/her person to be used as needed. An example would be an asthma rescue inhaler which the child/youth should have readily accessible in case of an asthma attack or an EpiPen for an allergy to bee stings.

   c) In rare cases, a child/youth may be deemed responsible to self-administer all of his/her medications by their licensed healthcare provider. In this case, the child/youth would be responsible for securely storing his/her medications as well as taking the medications as prescribed. An example would be a child/youth in an independent living setting who is learning skills necessary for living on his/her own, including how to properly handle medications.

2. **Procedures for self-administration of medications**:

   a) Self-administration of medications may occur in foster homes, group homes, residential treatment facilities, and youth development centers.

   b) A written order from the prescribing practitioner is required for any child/youth who will self-administer medications.

c) In foster homes, group homes, and residential treatment facilities, a copy of this order shall be submitted to the Regional Health Unit Nurse.

d) In youth development centers, DCS group homes, and community residential facilities, a copy of this order must be submitted to the Health Administrator of the facility and the Health Services Coordinator in central office.

e) Each self-administration program will be developed according to the child/youth's needs and capabilities.

f) The facility's licensed healthcare provider and the treatment team will evaluate the child/youth's functional and cognitive ability to self-administer, as appropriate.

g) Self-administration training must be done in conjunction with the treatment team and the licensed healthcare provider and/or facility's licensed health care provider.

- In foster homes and group homes, the foster family shall be included in the evaluation and training process.

- In residential treatment centers with nursing staff and youth development centers, the nursing staff shall be included in the evaluation and training process.

h) The self-administration program must be included in the treatment plan.

i) Children/ youth in a level 4 hospital setting will not self-administer medications. All medications will be locked and controlled by licensed staff.

H. Medication storage

1. **Foster Homes (Level 1 and 2)**

a) At a minimum, all prescription medications and all over the counter (OTC) medications must be single locked.

b) All medication will be stored in the original labeled container or in containers with label provided by the pharmacy.

c) Medication cannot be left out for children/youth to retrieve themselves.

d) Medications for children/youth who are on a self-administration program must be stored in such a way as to make them inaccessible to all other persons in the home.

2. **Group Homes and Residential Treatment Facilities**

a) All medication will be stored in the original container labeled by the pharmacy or manufacturer.

b) All prescribed medications and over-the-counter medications will be kept in a double locked container or area that is strictly designated for medication storage, supplies, and records relevant to medication administration.

c) Medication requiring refrigeration must be stored in a separate locked refrigerator.

d) Only certified staff assigned to medication administration will have access to the medication container or area.

e) Prescription medication must be stored under each person's name in separate bins, plastic bags, hanging folders, etc.

f) Medication cannot be left out unattended for children/youth to retrieve for themselves.

g) Medications for child/youth who are on a self-administration program must be stored in such a way as to make them inaccessible to all other persons.

3. **Level 4 Facilities and Youth Development Centers**

a) All medication will be stored in the original container labeled by the pharmacy or manufacturer.

b) All prescribed medications and over-the-counter medications will be locked and stored in a designated medication room and lockable medication carts (double-locked).

c) Medication requiring refrigeration must be stored in a separate locked refrigerator.

d) Only certified staff assigned to medication administration will have access to the medication area.

e) Prescription medication must be stored under each person's name in separate bins, plastic bags, hanging

folders, etc.

f) Medication cannot be left out unattended for children/youth to retrieve for themselves.

g) Medications for child/youth who are on a self-administration program (YDCs only) must be stored in such a way as to make them inaccessible to all other persons.

I. Medication disposal

1. Any medication that is discontinued, expired, unidentifiable, or has a missing or illegible label is not to be administered and must be destroyed.

2. Medication must be destroyed when it is refused or contaminated (dropped on the floor, spit out, unusual color, leaking, etc).

3. Medications can be destroyed in the following ways:

   a) Foster Homes

      - Medication should be flushed down the toilet for disposal.

   b) Group Homes, Residential Treatment Programs, Level 4 Facilities, and Youth Development Centers

      - To dispose of medication, two licensed or certified staff persons must be present to witness the disposal.

      - Medication can be destroyed by flushing it down the toilet or returning it to the pharmacy for disposal by prior arrangement with the pharmacy.

      - When medication is destroyed, the Disposal Record must include the following information: date and time, name of the person for whom the medication was prescribed, name of the medication, amount destroyed, reason, means of destruction per agency policy, signatures of licensed or certified staff destroying/witnessing.

Forms

CS-0074	Youth Development Center Medication Administration Record
CS-0093	Release from Medical Responsibility
CS-0593	Community Residential Facility Medication Distribution Record
CS-0630	Foster Home/Group Home Prescription Medication Record

Collateral Documents

DCS "*Standards of Professional Practice For Serving Children and Families: A Model of Practice*".

Standards

ACA 3JTS-4C-19

ACA 3JTS-4C-20

ACA 3JTS-4C-21

DCS Model of Practice Standard -7-100A

DCS Model of Practice Standard -7-114C

DCS Model of Practice Standard -7-200A

DCS Model of Practice Standard -7-209A

DCS Model of Practice Standard -8-306

Glossary

Term	***Definition***
Licensed Healthcare Provider	Physician, Psychiatrist, Dentist, Nurse Practitioner, or Physician Assistant licensed to prescribe medication.
PRN	PRN is the abbreviation for the Latin ***pro rae nata***, which means, "use as needed or according to circumstances".